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ABSTRACT

The state of the art in involving parents in the education of their handicapped children is reviewed, and model program approaches for increasing their participation are described. Background aspects considered include research findings that demonstrate the importance of parent involvement, and a review of legislative mandates on the topic. The conceptual framework of parent involvement components of Child Service Demonstration Centers (CSDCs) and Handicapped Children Model Programs (HCMPs) is detailed. The mirror model is said to address both needs and strengths of participating parents in levels of professional service for parents (providing general information to parents, sharing information with individual parents, developing parent education workshops, providing indepth counseling or therapy), and in parental services for professionals and parents (obtaining information from parents, involving them in individualized educational programs, using them as volunteers and advisors, and finally, using parents as trainers). Examples of HCMPs and CSDCs are given to illustrate each of the levels in the mirror model. A summary section reviews differences in programs serving parents of mildly and severely/profoundly handicapped students. (Listings of the CSDCs and HCMPs referred to in the text are appended.) (CL)

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INVOLVING PARENTS IN THE DELIVERY OF SERVICES TO HANDICAPPED CHILDREN

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by

Marian Grogan
L. Kay Hartwell, Ph.D.
Roger L. Kroth, Ed.D.

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The NETWORK

David P. Crandall, Executive Director
David Max McConkey, Director

The NETWORK, Inc.
290 South Main Street
Andover, MA 01810

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FOREWORD

This monograph is the culmination of a several year effort on the part of Child Service Demonstration Centers (CSDCs) and Handicapped Children's Model Programs (HCMPs)* to increase and improve the involvement of parents in the education of handicapped children. The NETWORK, Inc., through its Bureau of Education for the Handicapped (BEH)-supported National Learning Disabilities Assistance Project and its successor, the Model Program Support System, served as technical assistance provider to these BEH-funded model programs from 1975-79 and brought representatives of the projects together on several occasions in 1978 and 1979 on the subject of parent involvement. This monograph is the result of those meetings and reflects the ideas, resources and concerns shared among participants at those gatherings.

The three authors, Marian Grogan, Dr. L. Kay Hartwell, and Dr. Roger L. Kroth, collaborated on all phases of the monograph's development. Roger, who directs the HCMP in Albuquerque, New Mexico, has published a number of articles and books and worked extensively in parent involvement through the University of New Mexico (where he is a faculty member), the Albuquerque Public Schools, and through consultations with school districts across the country. He has been a frequent and candid advisor to our staff and to those of many of the model programs on issues relating to parental involvement. Kay co-directs the CSDC in Mesa, Arizona, where she worked to conceptualize, develop and subsequently revise the parent program. She has taught courses in parent involvement at Arizona State University, where she is a faculty member. She, too, has worked with other model programs on parent involvement, and to our gatherings on this topic brought both substantive contribution and supportive encouragement. Marian is a Staff Associate at The NETWORK and worked with model programs on both of The NETWORK's BEH-funded technical assistance projects, facilitating much of our interaction with these projects on their parent involvement programs. In the creation of this monograph, she acted as both principal author and synthesizer, and patiently saw the review, editing, and production process through to completion.

*Appendices B and C provide an overview of these programs.

We are pleased to document and disseminate the efforts of the model programs through this monograph. We encourage its readers to feed back to us their comments on its substance, and to contact us or the projects directly for further information regarding the practices described herein.

Martha K. Williams
Director, Model Program Support System

INTRODUCTION

Getting parents to become actively involved in their children's educational programs is a vital concern to schools in general and to model programs in particular. In recent years parental involvement has become a prerequisite for receiving federal or state support for new educational programs, and schools and other agencies seeking such support are required to address the issue in their grant applications. By P.L. 94-142, the Education for All Handicapped Children Act of 1975 that guarantees every handicapped child a publicly-supported education specifically designed to meet his or her unique needs in the least restrictive environment, parent involvement in any special education program that receives federal support is required. One result of such mandates has been increased recognition by educators of the critical role that parents can and should play in supporting the child's classroom learning and in being the child's most tenured teacher.

Given these conditions, federally-funded educational programs have wrestled with the difficult and delicate task of successfully initiating parent involvement programs -- difficult because relationships between parents and educators have traditionally developed over 'problems with Jeffrey' and because these negative contacts have fostered cagey interactions; delicate because parents now "wield the axe of the law" through P.L. 94-142 and related legislation. Understandably, educators have become increasingly reluctant to make programming decisions that could result in legal action. In developing parental involvement components, therefore, model projects have searched both the literature and practitioner networks for effective approaches that offer multiple solutions to two questions: "How can parents be involved in their children's educational programs?" and "Who are the most appropriate staff to work with them?" Both sources yield a broad range of parent involvement options that have been developed and tested by similar projects throughout the country. In the process of adapting, developing and modifying parent programs for their own use, model projects present the larger educational community with a rich variety of practices that address their own concerns as well as the more general issues of parental involvement in educational programming.

The purpose of this monograph, then, is both to document the breadth of services provided to and by parents through model programs and to raise issues which they and any other educators engaged in similar endeavors have had to confront. The examples presented here demonstrate a variety of options for involving parents in a variety of educational programs serving children of diverse age groups, educational levels and handicapping conditions across a variety of geographical and institutional settings. The examples are based upon the experiences of Child Service Demonstration Centers (CSDCs) and Handicapped Children's Model Programs (HCMPs) funded by the Bureau of Education for the Handicapped.

The monograph is organized in five sections. Sections I and II briefly review the background and state of the art from which model program parent involvement programs emerged. Section III presents a conceptual framework within which model program practices in parent involvement are described. Section IV summarizes the model program experience and Section V raises issues for further investigation by researchers and practitioners. Three Appendices are included. Appendix A lists the references cited in the text. Appendix B presents an overview of the model programs on which this monograph is based and Appendix C brief descriptions of the individual programs referred to in the text.

I. Background:

Factors Contributing to Parental Involvement in Educational Programs for Handicapped Children

Special education is paying increased attention to the involvement of parents in the educational process. Kroth (in press) cites five factors that have contributed to increased parental involvement in programs serving a broad spectrum of handicapped children:

1. Recent legislation (in particular P.L. 94-142) clearly mandates parental consent for testing and placement decisions, as well as the participation of parents in the development of their child's educational plans.

2. Parental involvement efforts in early childhood programs have established a pattern that encourages parents to continue active involvement once their children reach school age.

3. The decreasing size of families has given parents opportunities to devote more attention to fewer children.

4. The focus of parent organizations (such as the Association for Children with Learning Disabilities and Association for Retarded Citizens) has changed from advocacy and procurement of services for young children to direct involvement in educational programming for school-age children.

5. Professionals have recognized the advantages of structured parent involvement and have increased efforts to foster positive and active interaction between parents and educators.

Recognition that parents can and should be meaningfully involved in the educational process is due in part to the documented achievements of parents who have actively participated in planning their children's educational programs. Research and special project reports have supported the contention that parental involvement can aid the educational development of children with learning and behavioral problems (Gordon, 1971; Ginott, 1967; Bereiter and Englemann, 1968; Tjossem, 1976;

Karnes, Wollersheim, Stoneburner, Hodgins, and Teska, 1968; Adamson, 1970; Wiegerink and Parrish, 1976). Through parent involvement activities, parents of handicapped children have been successful in:

- extending the school-directed principles of teaching into the home (Wahler, 1969; Guerney, 1969; Shearer, 1976);
- teaching their children to read (Kroth and Scholl, 1978);
- dealing with serious school-related problems such as school phobias (Tahmisian and McReynolds, 1971);
- assisting in the classroom as helpers (Hayden and Haring, 1976);
- testing their own and other children (Kroth and Simpson, 1977);
- participating effectively in planning and implementing the individual educational programs of their children (Hartwell, Wiseman and Van Reusen, 1979); and
- developing strategies for more effective child-parent relationships (Dembrowsky and Meisgeier, 1978).

With the success of such activities, the incentive for special educators to involve parents has increased dramatically. And behind the realization that parent involvement 'can be done' and 'works' have stood federal and state legislative processes. Chief among legislated mandates are those of P.L. 94-142, which specifies parent involvement in a number of areas including that of due process. Specifically:

1. Parents must be notified whenever the school plans to conduct a special evaluation of the child, wants to change the child's educational placement, or refuses to conduct an evaluation or make a change in placement.
2. Parents must give their consent before the school conducts the evaluation.
3. Parents have the right to obtain an independent educational evaluation of their child.
4. Parents must be informed by the school of their right to examine school records that relate to their child's educational evaluation and placement.

5. Parents must receive a full explanation from the school of all of the procedural safeguards provided by the law.

6. Parents have the right to participate in the meeting when their child's educational program is designed.

7. Parents have the right to an impartial hearing if they disagree with the decision of the school (Faas, in press).

P.L. 94-142 also encourages parent involvement in decision making through such activities as participation in public hearings and membership on local and state advisory boards. Finally, the law places responsibility on educators for informing parents of their rights and for structuring meaningful involvement.

With the implementation of P.L. 94-142, however, special educators involved in model programs funded by the Bureau of Education for the Handicapped have found that an involved parent must be an informed parent. While parents have been legislatively invited to take part in the educational planning for their handicapped children, the same legislation stopped short of providing them with sufficient enabling tools. Many parents are unaware of their rights and the implications of those rights. They are also unfamiliar with and intimidated by educational jargon, unaware of the educational options available to their children, and frequently left to grant or withhold consent to placements they do not understand or to procedures with which they are not familiar. In short, parents are unprepared to do the job required of them by law and are themselves in need of educational programs to prepare them for that added responsibility.

In recent years, structured parent involvement programs have been increasingly used as a means of preparing parents to be informed educational consumers and providing the mechanisms through which they can become involved in educational decision-making. And, as educators have found, the benefits of parent involvement reach far beyond meeting legislative mandates. Clear benefits for both educators and parents include:

- sharing of teaching strategies, techniques, and reinforcers between home and school;

- consistency in learning activities between home and school, fostering reinforcement and generalization of learning;

- trust-building between educators and parents;

- interchanges between educators and parents based on a common understanding of children's strengths, weaknesses, competencies, and needs;

- involvement of parents in school-based activities (as volunteers, helpers), providing additional support services to the school;

- support groups for parents through which parents can learn more about their children's handicaps and deal with the emotional stresses brought to the family of the handicapped child; and

- opportunities for developing skills in effective parenting, behavior management, and communication that can build more effective parent-child relationships.

The ultimate beneficiary of parent-educator interaction is, of course, the child. Effective programs for parent involvement foster trust and growth for all concerned, provide bases for sharing responsibility and information, and lead to a more productive learning environment for handicapped children.

II. State of the Art:

What Do the Literature and Practice Files Offer as Options for Parent Involvement?

Contemporary trends in parent involvement in special education programs have emerged from three primary sources: public school-based programs, commercially available "packaged programs", and programs developed by other educational projects for handicapped and non-handicapped children. Each has advantages and disadvantages that must be weighed and evaluated within the context in which they are implemented.

At present, school-based programs tend toward being more reactive than proactive. Caught between complying with federal and state legislation on one hand and ever-shrinking budgets on the other, school districts are forced to use already over-extended resources (namely, their special education teachers and building principals) to disseminate informaton to parents. Notifying parents of their rights under P.L. 94-142, obtaining formal consent, and assuring due process procedures have in many cases been relegated to large group meetings, filmstrips, and printed materials sent home. Much activity has centered on individualized educational planning (IEP) conferences and placement team meetings. Considerably less attention has been paid to the establishment and maintenance of systematic (and positive) communication with parents on a regular basis, and still less to informing and educating parents in groups or to tapping parents as resources to schools.

The primary problem in the full development of school-based parent involvement programs has been insufficient person-power to take the extra time and effort involved in planning and carrying out a program of parent involvement. When those resources exist -- and there are many public school special education programs that involve parents throughout -- parents take part in a variety of activities including volunteering in school offices or classrooms, chaperoning field trips, meeting with other parents in support or skill training sessions, and conferencing regularly with their children's teachers. A major obstacle to sharing these successful strategies and activities is that no formal networks exist through which such locally-developed, locally-funded programs can be disseminated to other school districts beyond neighboring towns. What sharing does occur is typically done at the local or, at best, the state level.

Commercial programs, that is, programs developed, field tested, and available through commercial channels have a certain attraction to educators planning programs for groups of parents. These programs are "ready to go": they are self-instructional, and they generally include all directions and materials necessary for the training. Despite their attractions, however, commercially available programs have a major drawback to the unwary consumer: they are not all things to all people. While such programs are generally designed to be used with groups, all groups are obviously not the same. When modified to suit the entry level of the participating parents and the severity of their children's handicaps, however, and when used as part of a larger program of parent involvement, commercial materials can be excellent tools for parent education groups. Many of the model programs described in this monograph have extracted components and/or activities from a number of these materials and successfully incorporated them into their parent involvement programs.

Clements and Alexander (1975) attribute the most comprehensive and innovative models for parent involvement to early childhood model programs for both handicapped and non-handicapped children funded by the Bureau of Education for the Handicapped. In many of these programs, parents have been trained to teach their behaviorally and developmentally disabled pre-schoolers at either a center-base or home-base, with teachers serving primarily as trainers and consultants to parents. Such training is intensive and tailored to the needs of individual parents and children. These model programs have also emphasized interaction dynamics between parent and child, using improved communication and parent training strategies to help parents better understand why their children behave as they do. Still other model programs in this group have involved parents in teaching specific skills such as language development to their children within a classroom setting.

The approaches described by Clements and Alexander closely resemble those developed by the model programs for school-age handicapped and learning disabled children (the HCMPs and CSDCs described in this monograph). While the early childhood programs serve children at an age when they are essentially home-bound and when intensive parental instruction may be all that is available, model programs for school-age and learning-handicapped children attempt to bridge the gap between the two very different worlds of home and school. Such programs address not only instructional issues but also logistical and emotional issues created by the presence of a handicapped child in a family situation that becomes more complex and frustrating as the handicapped child grows older. These programs therefore generally address a wider range of parental and family needs, require a greater variety of options, and have a wealth of resources at their disposal in both the parents they serve and in the institutions in which they operate.

III. Model Program Approaches to Parent Involvement: A Conceptual Framework

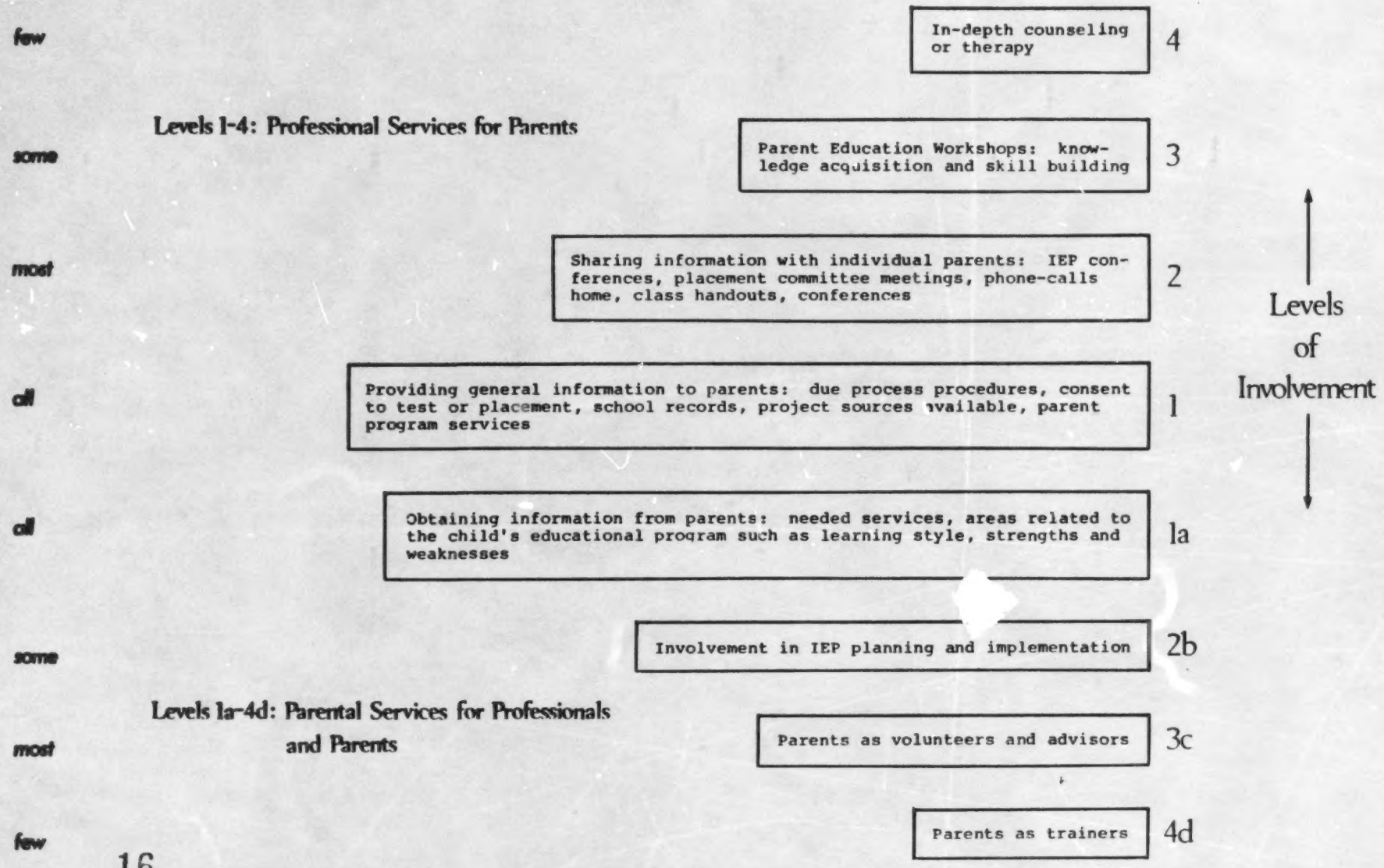
A conceptual framework within which CSDC and HCMP model program parent involvement can be described is presented here. It is based on Roger Kroth's Mirror Model of Parent Involvement (Kroth, in press). Kroth's model, developed primarily within the context of public school parent programs, has been modified here somewhat to accommodate the kinds of services provided by model programs operating in private agencies and institutions. As depicted in Figure 1, the model is based on the assumption that parents of exceptional children, regardless of the handicap, are not a homogeneous group: they have different needs and different interests, and an effective program for parent involvement must recognize and provide for those differences. For, while parents of a mildly handicapped child may be interested in developing communication skills to improve their relationship with their child, other parents may be much more concerned with finding a reliable babysitter for their severely handicapped child so they can have an occasional afternoon out of the house.

The Mirror Model also assumes that parents have strengths that should be tapped by the parent involvement program. Parents, particularly those with more severely handicapped children, may be more comfortable with and trust each other more than they do professionals. Their common experiences and frustrations and the way they have found to deal with them can be important sources of strength and support for other parents whose children may just be entering a program. The Mirror Model, then, delineates levels of involvement that address both the <u>needs</u> and the <u>strengths</u> of participating parents.

Finally, the Mirror Model assumes that not all services provided either <u>to</u> or <u>by</u> parents are appropriate for all parents. For, while all parents should be involved in information-sharing regarding their children, services such as workshops or counseling may be appropriate for only a few parents. Similarly, only a few parents may be interested in or capable of volunteering in a classroom or training other parents. Kroth emphasizes the importance of looking at parents' needs and strengths in determining which services should be made available to parents, and not assuming that all parents want to or should be involved at all levels.

FIGURE 1: MIRROR MODEL OF PARENTAL INVOLVEMENT

(Adapted from Kroth)


few
In-depth counseling or therapy
4
Levels 1-4: Professional Services for Parents
some
Parent Education Workshops: knowledge acquisition and skill building
3
most
Sharing information with individual parents: IEP conferences, placement committee meetings, phone-calls home, class handouts, conferences
2
Levels of Involvement
all
Providing general information to parents: due process procedures, consent to test or placement, school records, project sources available, parent program services
1
all
Obtaining information from parents: needed services, areas related to the child's educational program such as learning style, strengths and weaknesses
1a
some
Involvement in IEP planning and implementation
2b
Levels 1a-4d: Parental Services for Professionals and Parents
most
Parents as volunteers and advisors
3c
few
Parents as trainers
4d

LEVELS 1-4: SERVICES PROVIDED TO PARENTS

Level 1: Providing Information to Parents

Educators serving special needs students are responsible for insuring that all parents know to what they are consenting when their children are being considered for or placed in special environments. Parents should know that they can dissent from placement decisions and that there are avenues open to them if they disagree with the professionals making the placement decision (due process). They should also know that they can review records and that they have the responsibility as well as the right to participate in IEP planning. Parents must also be informed of the services available to their children and to their families through the program in which their child is placed and how to gain access to those services.

There are a variety of ways to communicate this information to parents. Some HCMPs and CSDCs have used home visits at the start of the year to introduce project staff and services to parents new to the program. Large group meetings held several times during the year, letters and newsletters sent home, and audio-visual and handout material from organizations like the Council for Exceptional Children (CEC) and the BEH-funded Closer Look program are also used to provide information to parents. Responsibility for seeing that parents are informed usually lies with the model project director but may be shared with or delegated to project coordinators, teachers, counselors, psychologists, and parent liaisons as well.

- *The Houston, Texas CSDC makes home visits to each family new to its program. The child's instructional program is outlined, and services for both child and parents are specified. Through the home visit parents are invited to the first parent meeting where they have a chance to meet the parent program coordinator and examine and discuss their needs for services.*

- *The Hawaii CSDC offers an orientation meeting for all parents at the start of the school year, at which options for parent involvement are spelled out and parents are encouraged to design their own program of involvement. Options include project-based workshops, community services, parent programs conducted elsewhere in the district, and individual services from project staff.*

Several model programs have established parent resource centers where a variety of educational materials are available for parents' use during the school day or on loan.

- *The Arizona CSDC has developed a resource center for parents and teachers containing a large collection of audio-visual and print materials that address problems related to secondary students with learning problems. Print materials include articles and handouts on learning disabilities, lists of community resources for students and their families, bibliographies on topics such as sex education and substance abuse, and publications on parents rights and responsibilities under P.L. 94-142. Audio and videotapes are also maintained on all parent education workshops offered by the project.*

Level 2: Sharing Information with Individual Parents

Most parents want to engage in information-sharing about their children. The information shared individually with parents generally concerns child progress, recommendations for testing procedures or placements, modifications of educational plans, or problems that have arisen at home or in school that affect the child's behavior. Since contact at this level is often face-to-face (or at least voice-to-voice), the delivery of individualized information to parents needs to be tailored to accommodate parents' work schedules, demands at home, and distance from the school or center.

BEH-supported model programs have found a number of ways to communicate with parents on an individual basis. Teacher-parent conferences, IEP meetings, and placement committee meetings are the kinds of activities used by most projects; others include home visits, phone calls, and systematic and frequent reporting from home to school and back. Regardless of the mode, these model programs have found that regular, frequent and positive contact is the key to maintaining parent involvement at this level.

Teachers are the primary service deliverers at this level since the information exchanged is usually related directly to the child's instructional program. Counselors and psychologists also frequently meet with parents to prepare them for IEP or placement meetings.

- *The Boston, Massachusetts CSDC has developed a special service for its bilingual and non-English speaking parents. Prior to placement committee meetings, a bilingual staff member meets individually with parents at home or at the school to brief them on what will take place during the meetings. Test scores and interpretations are reviewed, options for placement discussed, and the evaluators' recommendations for services are presented and discussed in the*

parents' predominant language. The bilingual staff member also attends the placement meeting with the parents, translating and explaining as necessary. Once the child is placed and receiving services, this staff member continues as a key contact person for parents.

- *Weekly report cards are used by the Montana CSDC to maintain frequent and regular contacts with parents. Teachers supplement these reports with formal and informal conferences and telephone contact with parents throughout the year.*

- *The Arizona CSDC has established a crisis "hot line" for parents, staffed during the day by teachers and at night by a psychologist. Parents call for assistance in settling family arguments, cooling hot tempers, and obtaining moral support.*

Level 3: Parent Education Workshops

Parent education workshops designed to broaden parents' knowledge and develop certain behavioral skills are an extensively used form of involvement for some parents among the model programs, and their frequency and intensity varies widely from project to project. These workshops typically include training sessions involving lectures, films, videotapes, and readings, as well as skill demonstrations and practice. Parent education workshops are usually short and rather intense with specific objectives and assignments for each session or module.

Parent education workshops are generally limited to 10 to 15 parents; large groups are typically divided into small groups for skill training components. Interaction among parents and trainers is encouraged, with ample opportunities for demonstration, practice, and feedback. Workshops offered by the HCMPs and CSDCs range from a three-workshop series to twice-weekly sessions that extend over two months. In most cases, parents are invited and encouraged to attend; in others, attendance is a required component of the child's educational program. Workshop topics include communication skills, behavior management, parent effectiveness training, discipline, assertiveness training, and -- for parents of more severely handicapped students -- training in areas such as self-care skills, deaf-signing, positioning, prosthetic devices, and pre-academic skills.

Another important component of parent workshops is the formation of support groups through which parents can share frustrations, anxieties, learnings and successes with each other. These activities often occur during workshop report-out sessions, when parents discuss their use of skills learned during the previous session. Several model programs build support group activities into each workshop session; others handle them more informally as issues arise during meetings.

Workshops are conducted by various project staff depending on the particular staffing pattern of the project and on the topics of the workshop. Several model programs have found teachers to be the best workshops leaders, as they are most directly involved with the children and have established relationships with parents through conferences and home contacts. Teachers, however, are often not available, not trained as workshop leaders, or not offered sufficient incentives to organize and run a workshop program. Other model programs have designated a project-funded parent liaison, psychologist, social worker, or counselor to conduct workshop sessions. Many projects recruit parents to advise or to actually help conduct workshop programs.

- *The Reno, Nevada HCMP involves parents in twice-weekly workshops that coincide with the last half hour of their children's social effectiveness training sessions. Parents work on behavior management and interactional skills in a group, observe their children in training groups, and work directly with their own children -- under teacher observation -- practicing behavioral skills. Parents and children both attend seventeen sessions over two months; follow-up conferences or phone calls are scheduled for thirty, sixty, and ninety days following completion of the program.*

- *The Houston, Texas CSDC also uses workshops to involve parents in their children's educational programs. Parents are asked to take part in a twelve-week workshop series that parallels their child's instructional program. Each workshop includes three segments: an information-exchange session, a support group session, and a knowledge acquisition/skill development lesson. Each skill lesson is matched to skill-building activities in the students' classroom and focuses on such skills as communication, assertiveness, problem-solving, and self-responsibility. Parents develop instructional activities for their children in these behavioral skill areas (which are used the following day in class) and are encouraged to practice new skills with their children between workshops.*

Another training approach is home-based, staffed by a variety of professionals depending on the nature of the training program. Special education teachers, home-school liaison staff, and speech, occupational, or physical therapists are all used by model programs to provide home-based services to parents of younger, or more severely handicapped children.

- *The West Chester, Pennsylvania CSDC, serving pre-school and kindergarten mildly handicapped children, involves parents primarily through mandatory bi-weekly home visits conducted by the project's supervising teacher. The pur-*

pose of the visits is to teach parents to conduct developmental activities with their children -- under supervision initially and then on their own -- and to provide positive reinforcement and support to parents in their teaching efforts. Home visits supplement center-based instructional programs in which all project children are involved.

- *A "home therapy program" is the backbone of the Alamosa, Colorado HCMP parent involvement program. Offered as an option for parents who cannot participate in training activities at the school or center where their children receive services, the program focuses on basic parenting skills as well as on training parents to teach their children. Home visits are conducted by an occupational, speech, or physical therapist or by a special educator and are guided by lesson plans tailored to the expressed needs of the parents and diagnosed needs of the child. Child-centered activities focus on fine and gross-motor skills, speech and language development, positioning, feeding, signing, and general behavior management techniques. Visits occur weekly to monthly depending primarily on the accessibility of the home to this rural project.*

- *Based at a residential facility and training center for mentally handicapped students, the Topeka, Kansas HCMP initially offered home-based training as an alternative for parents who could not attend group activities. Such training has since become the major component of the project's parent program, however, perhaps because parents of the severely and profoundly handicapped students served by this project have such individual and intense training needs. The focus of the home-based training has been on language stimulation, communication skills, and behavior management techniques. The goals of the program are to generalize classroom-taught skills and behaviors to home use and practice and to support parents in their teaching and coping efforts. The parent liaison who conducts many of the home visits hopes to involve parent surrogates -- unit staff from the residential facility where many of the project students live -- in a similar "home" training program.*

Level 4: In-depth Counseling or Therapy

Level 4 activities are not generally offered by public schools, primarily because they are usually not able to maintain the personnel needed to provide these kinds of in-depth services. In-depth counseling or therapy services are standard offerings of community and private agencies in which a number of model programs are based, however. Services include short-term (3

weeks) to long-term (6-12 months) counseling for parents and/or families. This form of parent involvement is generally neither available to nor appropriate for the majority of parents in a particular program, and represents a major intervention into the lives of the families involved.

Staffing for the provision of these services varies. A psychologist, social worker, or certified counselor is usually the deliverer of counseling or therapy services.

- *The Florida CSDC -- based in a community mental health center -- involves up to 80% of its project parents in individual or family counseling. Sessions are generally conducted by a certified counselor on a weekly basis over a six week to six month period. Parents are referred for counseling services when the child enters the program or following participation in the project's parent education program.*

- *Both the Dallas, Texas HCMP and Hacienda-LaPuente, California CSDC offer short-term counseling for parents (3-8 sessions) in public-school based programs. Counseling services are provided by psychologists or social workers, and parents are referred to other agencies when it becomes clear that more intensive assistance is needed.*

Comprehensive Parent Involvement: Mix of Levels 1-4

Recognizing the differing needs, strengths, and interests of parents, most model programs offer services at three or four of the levels just described. In most cases parents may choose the levels at which they prefer to be involved. While minimal involvement is preferred by some parents, others desire more intensive training or education. Still others may prefer to follow their own course of parent involvement, using a resource center as an information source and seeking out assistance from project staff as needed.

Some model programs offer a mix of activities to parents but do not necessarily give them the option of choosing how to be involved. These projects involve parents directly in the child's educational program (as in the Houston, Texas CSDC described under Level 3) and regular, committed parent involvement is a prerequisite to the child's participation in the program.

- *The Denver, Colorado HCMP, operated by a private corporation, provides for parent involvement across all four levels. Some activities are required of all parents; others are optional depending on parent needs. Information giving, student progress reports, and knowledge acquisition/skill-building activities are offered during a four-week parent*

meeting series that coincides with a month-long wilderness experience conducted for children served by the project. During these meetings (which are required of all parents) parents view slides of their daughters' activities on the trip, discuss problems that are reported back by trip leaders, and role-play behavioral situations that have arisen on the trip (such as stealing incidents, running away, violation of ground-rules, etc.). Parents are also taught skills in behavior management and contingency contracting.

Following the wilderness experience, parents and students continue to meet regularly with project staff to monitor behavior contracting and general student progress at home and in school. In addition, crisis intervention counseling is offered to parents and families for the duration of the students' eleven-month participation in the program. A component added in the 1979-1980 school year involves parents in weekend wilderness experiences with their daughters, with children teaching their parents outdoor skills.

- *A variety of activity levels is offered by the Columbus, Ohio HCMP. Housed in a university-based center that serves severely and profoundly handicapped youngsters, the parent program tries to accommodate parents' needs for intensive training and support through a number of service delivery modes. All parents are invited to monthly informational meetings, and a parent newsletter listing materials, resources, and articles available for parents' use at the center will soon be published. Teachers also make bi-monthly home visits to discuss the child's progress and recommended learning activities in which parents and children might engage at home.*

  In an effort to take the child's classroom program into the home, the center also offers workshops to help parents learn techniques for behavior management, communication, recreation, and teaching self-care skills to their children. For parents working on deaf-signing, for example, the project prepares a booklet of life-sized signs tailored to each child's signing capabilities. For parents interested in training but unable to attend group sessions, a home-based program is offered that includes the whole family in using behavior management techniques. Training activities vary from family to family but address skills like self-feeding, speech and sensory activities, and deaf-signing. Home training is conducted by a home trainer or a speech therapist.

- *The New Mexico HCMP, where the Mirror Model of Parent Involvement was conceived, offers a variety of informational and training opportunities. The project's Parent Center houses a resource center for parents and educators stocked with an extensive selection of materials relating to parenting, to various handicaps, to legislation, and to training opportunities for parents. Project staff offer a variety of workshops such as those described under Level 3 to parent groups within the Albuquerque school system, and to teachers who want to broaden their involvement with parents. The project also offers training for parent volunteers to work in the Albuquerque Parent Center or either of its two satellite resource centers in nearby cities. In addition to serving parents and teachers in its own school district this project also provides technical assistance and consultation in developing effective parent programs or in analyzing and improving the parent programs they already have to schools and projects across the country.*

LEVELS 1a-4d: SERVICES PROVIDED BY PARENTS

Among the model programs, strategies for obtaining services from parents are less discernable than services to parents. Professionals have generally tended to focus more on what parents need than on what they can offer, and providing comprehensive mechanisms through which parents can assist educators in assessing their children's strengths and weaknesses, planning appropriate educational programs and placements, implementing educational programs, and teaching other parents to do the same is thus a fairly recent phenomenon for most parent involvement programs. Model programs are just beginning to actively pursue parents as resources in many of the areas described below.

Level 1a: Obtaining Information from Parents

Merely by living with their child, all parents know more about their children than do the professionals who work with them. It often takes skillful questioning on the part of these professionals to elicit this information, and a level of trust between teachers and parents must usually be reached before parents are ready to share information.

When a case history is taken from the parents as the child enters a program or in preparation for placement, a great deal of emphasis is traditionally placed on demographic data, medical and physical information. Many model programs are now beginning to ask parents how the child learns and what his or her

strengths and weaknesses are as well. "How did he learn to walk?" "How does she get along with peers?" and "What does she do well?" are questions that parents are typically eager to respond to and elaborate on. Information on what parents feel their children need (or what they need) in terms of project services, is also obtained during initial conferences or home visits.

- *Both the Alamosa, Colorado HCMP and West Chester, Pennsylvania CSDC conduct extensive interviews with parents during an initial home visit. Parents are asked to respond either verbally or on a written questionnaire to a variety of questions concerning the child's learning experiences, social interactions, gross and fine motor skills, self-concept, and learning strengths and weaknesses. Parents are also asked to rank order their perceptions of the child's needs in preparation for IEP development.*

- *The New Mexico HCMP involves parents in testing their children, using the same procedures and instruments used by teachers and psychometrists in the schools. Results indicate that parent testing yields data that are as consistent and reliable as that obtained by professionals, and the project uses the test results when determining or modifying services for their children.*

Level 2b: Involvement in IEP Planning and Implementation

Most parents can be actively involved in the planning and implementation of individualized educational programs for their children. In many model programs parents are given specific service responsibilities in IEPs as are all of the other adults working with the child in an educational context. Parents can listen to their children read, regulate television time, reinforce daily or weekly report card systems, play games with their children to develop language or math skills, and reinforce their children in basic self-care, communication and other behavioral skills.

- *At the National Committee on Arts for the Handicapped HCMP in Washington, D.C., parents are trained along with teachers and other school or institutional staff to infuse arts activities -- drama, music, dance and art -- into the IEPs of their severely and profoundly handicapped youngsters. Under the direction of a principal artist, parents learn to teach skills such as speech, feeding, eye contact, visual tracking, etc. using finger puppets and a host of other self-created art forms.*

- *In many of the projects described in the monograph under Levels 3 and 4, parents are integral to the IEP process through their involvement in workshops and home training programs.*

Level 3c: Parents as Volunteers and Advisors

Some parents have the interest, time, and special knowledge or skills to help run project activities and to act in an advisory capacity to formulate project policies and long-range plans. Model programs have used volunteer parent services in a number of ways at this level. All model programs have parent representatives on their advisory boards, for example, and several projects actively involve parents in planning the parent program and as volunteers in classrooms and resource centers.

- *The Advisory Board to the Montana CSDC has a very active parent membership that was instrumental in the development of the project's funding proposal. These parents have worked closely with project staff in formulating a parent program that they feel meets the needs of other parents who, like themselves, are hungry for information on learning handicaps and eager to understand their children's problems.*

- *Parents are used by the Spring, Texas HCMP as classroom volunteers. These parents assist elementary and middle school teachers by making instructional materials, tutoring individual students, and generally being available to help the teacher and children with classroom activities.*

Level 4d: Parents as Trainers of Other Parents

With sufficient training and support, some parents can work side by side with or even replace project staff as parent educators. Projects that have used this strategy have found these parents to be competent, sensitive, and enthusiastic trainers of other parents. Parent involvement at this level is often a natural next step for those who have been actively involved in project parent workshops and wish to share their learning with others. A typical sequence for involving parents as trainers includes them first participating in the program, then assisting other trainers with a group, training parents under supervision, and finally conducting training sessions on their own. This step-by-step procedure is time consuming, and many parent programs simply have not been operational long enough for parents to become involved at this level. It is also not a form of parent involvement that is necessarily appropriate for all programs; its relevance to a particular project depends on the nature of the parent program training activities, the interests and skills of the parents, and the commitment of project staff to include parents in this capacity.

- *The Columbus, Ohio HCMP has identified a number of parents who are interested in more extensive involvement in the parent program. These parents have participated in the program for a full year and are interested in training other parents to deaf-sign through workshops or home visits.*

Another group of "veteran" parents plans to initiate and run an informal coffee hour for other parents which they hope will result in a parent support group.

- *The Alameda, California CSDC developed a training program, the Parent TECH (Training and Educational Cooperation for the Handicapped) Program that would offer training to locally based teams of parents and professionals. Now funded through the California State Department of Education, Parent TECH trainers do seed training all over the state training Parent Education Facilitators (parents) to develop their own parent involvement programs in conjunction with local special educators.*

IV. Summary

As evidenced by the above descriptions, BEH-supported model programs have developed a great variety of responses to the questions "How can parents be involved in their children's educational programs?" and "Who are most appropriate staff to work with them?" Projects involve parents in ways that seem promising in light of parents' needs and interests, available resources, and experience in finding out what works. Effective strategies are maintained, honed, and become models; ineffective strategies are discarded. For example, the Topeka, Kansas HCMP planned training workshops as the backbone of its parent program but found that the same training provided at home was much more suited to most parents' needs. Similarly, projects use staff who seem most appropriate, interested, and qualified to run their parent programs, but decisions about who will provide particular services must also be tempered by what works. Parent program staffing configurations that work are maintained, refined and become models; those that do not yield to change. The Arizona CSDC, for example, hired a parent trainer to set up and run its parent program until teachers decided, with the support of parents and project staff, that they could take on a wide range of parental involvement activities themselves.

Despite the variety of parent programs that the model projects have developed, two assumptions seem to be characteristic of most of these efforts. The first is that any successful parent program must offer options to parents that acknowledge their different needs, interests, and strengths. Options can be in different modes of involvement or in the intensity of involvement, or both, but few parents respond well to rigidly prescribed programs that ignore their individuality. The second assumption is that it is critical to involve the students' teachers in the parent program in some capacity. All model programs that serve children and parents directly involve teachers in some aspect of their parent program, generally through parent conferences and placement committee functions and more extensively wherever possible, albeit within the limits set by an often already overextended teaching schedule.

Variations among approaches to parent involvement depend on a number of factors that include:

- the needs, interests and strengths of parents served;
- the availability of other resources to parents from public schools, community and private agencies;
- the interests and priorities of the model program staff;
- the particular context in which the project exists;
- the ages of the children served; and
- the nature and severity of the children's handicaps.

Within the latter of these -- the nature and severity of the children's handicaps -- model programs seem to separate into two distinct groups of parent involvement programs. The particular characteristics of parent needs and the kinds of services that best address these needs seem to distinguish programs for mildly handicapped children from those serving severely and profoundly handicapped children. Gathered together in May 1979 to share programs and strategies for dealing with various issues in parent program design and operation, representatives from fifteen model programs shared their perceptions of how these two groups of programs differed. These differences included:

1. Acceptance of the handicap. Many project representatives felt that parents' acceptance of their children's handicaps is more difficult when the handicap cannot be seen, as with a learning disability or emotional disturbance. Because the handicapping condition is invisible, it may seem that a child is stubborn, lazy, or "just a bad kid." Staff felt that programs working with parents of these children should offer more counseling and support services to help them accept and understand their children's problems.

2. Child abuse. Project staff felt that this is more of a problem with parents of severely handicapped youngsters. These parents often feel disappointed and bitter that the "normal," healthy child they had anticipated at birth is retarded or malformed, and requires a substantial investment of time and energy. Out of sheer frustration, some parents begin to abuse their child.

3. Access to project parents. Parents of severely and profoundly handicapped children may not be as accessible to project staff as they might be to a project that serves mildly handicapped students in a public school setting. This is particularly a problem when students live in a residential facility. Limited accessibility of parents places restrictions on the extent to which their needs can be determined and on their participation in the program.

4. Parents' needs. Parents of severely handicapped children may need very different services than those of mildly handicapped children. Their children's handicaps require attention and therapy from a variety of professionals -- including specialized therapists and medical personnel -- in addition to the primarily educational services provided by the project. Their priorities for parent programs may therefore relate more to securing social services, transportation to therapy, babysitting services, etc. rather than to educational programming. And even if education and training are high priorities, these parents may need more individualized training, as reflected by the greater number of home-based parent training programs offered by model programs serving severely handicapped children.

5. Deliverers of services. Programs serving mildly handicapped children tend to be based in public schools, or at least work with children almost exclusively who are in public schools. Service deliverers to parents, then, are usually school-based personnel -- teachers, counselors, and social workers involved with the project. Programs serving severely handicapped children are often based in residential facilities, training centers, and special schools and centers for the handicapped. Parent service deliverers in these settings therefore represent a wider range of special educational and therapeutic professionals.

The differences between these two kinds of programs are, of course, neither rigid nor definitive. They are general trends that a project might consider when developing or adopting a parent program. Much more consistent across all model projects are the similarities among the parents they work with. Regardless of the severity of the handicap, most parents of handicapped children feel guilty about the frustration they face in working with their children, feel angry, feel at least partially responsible for their child's disability, and feel terribly sad that their children are not like others. Most parents of handicapped children recognize that the needs of other family members are often overlooked because of the attention the handicapped child requires, and mourn that neglect.

While these parents need information, support, and some basic management skills, most have developed remarkable strengths and resilience in living with their children's handicaps and can be counted on to assist and support other parents in similar situations.

V. Implications and Issues for Further Attention

Parent involvement in educational programs is clearly on the increase. And, while model programs have developed a remarkable variety of alternatives and models for involving parents these programs are by definition short-lived. Funded to develop, demonstrate and replicate a model, they must count on their host agencies to assume responsibility for carrying on their services as much as possible when state or federal support is terminated. And it is both fortunate (in the short run) and unfortunate (in the long run) that many of these programs far surpass the capabilities of the school districts out of which they have sprung. For, although the model programs bring quality special educational services to the community, when their funding ends the community must either assume the costs of continued operation or deal with raised expectations and needs left unmet by discontinued services.

Who, then, should assume the responsibility of parent involvement in the absence of model programs? And how can they be prepared to do so? Are the parent liaisons, counselors, social workers, and therapists provided by model programs likely to remain on staff when the program is absorbed by the community? Are other school districts or agencies interested in adopting or "replicating" a model parent program likely to have special staff to run the program, or will parent involvement responsibilities have to be assumed by the existing special education staff? Clements and Alexander (1975), although they lauded the parent involvement contributions of the early childhood model programs, were not optimistic about the replicability of these parent programs in public school systems. They explained:

> The rationale for our pessimism is based primarily on the realities of funding levels and staffing patterns of public school special education teachers. Regardless of delivery system utilized and irrespective of type of handicapping condition exhibited by the children they teach, teachers alone are the primary change agents for the exceptional child and his family. In self-contained programs, the teacher is fortunate if she has a volunteer aide even on a periodic basis. Resource, consulting, and special help teachers generally provide services to

> children, regular class teachers, and parents -- not in pairs, teams or combinations, but by themselves. It is not unusual to have only one special teacher in an elementary school with a student population of two to six hundred. Decisions regarding program direction, class or case load, entry and exit criteria, and other variables may be shared responsibilities of the special teacher, supervisor, building principal, and special education director; but providing ongoing, day-to-day service to children is the teacher's unilateral responsibility. How, then, can we justify asking special education teachers to take on the additional responsibility (some would say burden) of parent training? (p. 6)

Whether they want the responsibility or not, and whether they are trained to fulfill it or not, special education teachers are likely to continue to be the primary deliverers of services to parents. And there are many who argue that these professionals are the best, most logical, most appropriate, most directly involved staff to handle parent programs. But lack of incentive, inadequate preparation, and lack of time to assume these added responsibilities are issues that must be reckoned with. Incentives such as extra pay, graduate credit, and peer recognition must be provided to warrant these extra investments of time and effort. Pre-service and in-service training must be provided by professionals who have themselves worked with parents individually and in groups. And release time and/or paid overtime must also be provided to enable special education staff to develop and implement a parent program. Using parents as resources and service providers to ease the burden on teachers should also be considered when developing effective high-impact, low-cost parent programs.

We are more optimistic than Clements and Alexander were in 1975 about the future of model programs and parent involvement. We believe that the practices and procedures developed by the BEH-supported model projects, in spite of their temporary nature, are diverse enough and flexible enough to serve as viable models for other projects seeking to involve parents in their programs. While we are cognizant of the liabilities inherent in model projects, the projects themselves are also well aware of their transience and of their need to reach out to other educators while building local support for their programs. We feel, too, that a greater awareness and acceptance of parental involvement exists now than did four years ago, and that educators have accepted parents' capabilities in educating both their children and each other.

APPENDICES

Appendix A: References

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Appendix B:

Overview of The Title VI - E Model Programs: What They Are and How They Work

The Bureau of Education for the Handicapped, through Title VI-E of Public Law 95-49, funds Child Service Demonstration Centers (CSDCs) and Handicapped Children's Model Programs (HCMPs) to establish and operate a variety of high quality programs to improve the educational services for handicapped children.

THE CSDCs

In 1970, the Bureau of Education for the Handicapped, U.S. Office of Education, established "Special Programs for Children With Specific Learning Disabilities" under P.L. 91-230, Title VI (Education of the Handicapped Act), Part G. This legislation called for the establishment and operation of model demonstration centers for the improvement of educational services to children with specific learning disabilities.

The first eight Child Service Demonstration Centers were established in 1971 with an appropriation of $1.0 million. Fifteen new centers and seven continuation projects were awarded grants the next year. The program grew steadily each subsequent year, with 53 CSDCs funded in fiscal year 1978.

In 1978, the legislative authority to fund learning disabilities program under the Title VI-G of P.L. 91-230 ended with the inclusion of learning disabilities as a recognized handicapping condition. The Child Service Demonstration Centers continued to operate through fiscal year 1979 with funds provided under part E of P.L. 95-49, which amended P.L. 91-230. In 1978-79, there were 44 Child Service Demonstration Centers functioning in 29 states.

The goals of the CSDCs are twofold: to develop programs and products that will aid learning disabled children and to disseminate these programs to other schools. CDSCs operate within grantee agencies which include state departments of education, local school districts, colleges and universities and other educational organizations concerned with the problems of learning disabled children.

The CSDCs address the issues of compensatory education, programming for bilingual LD students, interdisciplinary

assessment, individualized planning and programming, and education of the learning disabled in the least restrictive environment. The centers stimulate the development of comprehensive indentification, diagnostic, and prescriptive educational services for learning disabled children.

The centers consider the development of programs that directly serve learning disabled children as their primary concern. Centers engage in dissemination activities to inform others of the resources their programs represent and train teachers to use programs and practices developed by their projects.

THE HCMPs

The 1978-79 school year marked the first year of operation for a set of 24 model demonstration programs in 15 states and the District of Columbia. Funding for the Handicapped Children's Model Programs followed Congressional authorization with the passage of Public Law 95-49, which amended the Educational of the Handicapped Act (P.L. 91-230). This amendment provides for "...the development and conduct of model programs designed to meet the special educational needs of such (handicapped) children."

The first 24 HCMPs, funded in fiscal year 1979, vary across a number of dimensions. Individual projects within the group are serving students from elementary, junior and senior high and post-secondary levels. Many of the projects serve students with more than one handicapping condition. Students served in the centers range from mildly handicapped through severely/profoundly handicapped, including children who are learning disabled, emotionally/behaviorally disturbed, mentally retarded, visually impaired, and/or physically handicapped. Like the CSDCs, HCMPs are based in rural settings, in small cities, major metropolitan areas, and urban settings. Host agencies receiving VI-E grants include several institutions of higher education, many local school districts, a number of non-profit organizations, and one state department of education. The range of program components incorporated by the HCMPs is extensive, including direct services to students, teacher training, technical assistance to special and regular educators, training for administrators and inter-disciplinary teams, parent and family components, vocational training and placement, and materials development.

Appendix C:

Brief Descriptions of the Title VI-E Model Programs Referred to in this Monograph

Reference		Particulars
Arizona CSDC	Name	A Model Demonstration Center and Alternative Curriculum Project for Secondary School Aged Learning Disabled Students
	Location:	Demonstration Resource Center Mountainview High School 2700 Brown Mesa, Arizona 85203 (602) 834-0722
	Setting:	Suburban
	Affiliation:	Arizona State University/ Mesa Public Schools
	Handicaps Served:	Learning disabilities
	Level:	Secondary
Alameda, California CSDC	Name:	Alameda CSDC
	Location:	Washington School 400 Grand Avenue Alameda, CA 94501 (415) 522-4835
	Setting:	Urban/suburban
	Affiliation:	SEA/LEA
	Handicaps Served:	Learning disabilities
	Level:	Grades K-12
Hacienda-LaPuente, California CSDC	Name:	Hacienda-LaPuente District Intensive Service
	Location:	455 North Glendora Avenue LaPuente, CA 91744 (213) 333-2201, X260, 245
	Setting:	Urban
	Affiliation:	SEA/LEA
	Handicaps Served:	Learning disabilities
	Level:	K-9

Alamosa, Colorado HCMP	Name:	Project REACH
	Location:	San Luis Valley B.O.C.E.S. 22nd and San Juan Alamosa, Colorado 81101 (303) 589-2536
	Setting:	Rural
	Affiliation:	Education cooperative/public schools
	Handicaps Served:	All handicaps with emphasis on severe physical handicaps
	Level:	K-12
Denver, Colorado HCMP	Name:	Colorado Wilderness Trails
	Location:	1629 York Denver, Colorado 80470 (303) 458-5939
	Setting:	Urban/suburban
	Affiliation:	Private, nonprofit corporation
	Handicaps Served:	Emotionally disturbed
	Level:	Junior high girls
Washington, D.C. HCMP	Name:	A Model Program of Arts to Enhance Living and Learning for Severely and Profoundly Handicapped Children and Youth
	Location:	National Committee on Arts for the Handicapped Suite 801 1701 K Street, N.W. Washington, D.C. 20006 (202) 223-8007
	Setting:	Urban
	Affiliation:	Private arts agency/special schools or institutions serving handicapped youngsters
	Handicaps Served:	Severe and profound
	Level:	Pre-school through grade 12
Florida CSDC	Name:	Operation Divert
	Location:	Escambia County Community Mental Health Center 1201 West Hernandez Street Pensacola, Florida 32501 (904) 432-1222 X510
	Setting:	Urban
	Affiliation:	Community Mental Health Center
	Handicaps Served:	Learning disabled juvenile offenders
	Level:	Secondary

Hawaii CSDC	Name:	Demonstration Training and Program Delivery Models for Young Children with Specific Learning Disabilities
	Location:	University Elementary School Room 106 University of Hawaii at Manoa 1776 University Avenue Honolulu, Hawaii 96822 (808)948-6898, 6899
	Setting:	Urban/suburban/rural
	Affiliation:	University of Hawaii/state department of education
	Handicaps Served:	Learning disabilities
	Level:	Pre-school and kindergarten
Topeka, Kansas HCMP	Name:	A Comprehensive Communication Curriculum for the Education of Severely/Multiply Handicapped School Children
	Location:	Psychology Department Kansas Neurological Institute 3107 West 21st Topeka, Kansas 66604 (913) 296-5361
	Setting:	Urban/suburban
	Affiliation:	Private residential facility and training center serving mentally retarded individuals
	Handicaps Served:	Severe multiply handicapped with emphasis on communicatio disorders
	Level:	Elementary and secondary
Boston, Massachusetts CSDC	Name:	Child Service Demonstration Resource Center
	Location:	Richard Murphy School 1 Worrell Street Dorchester, Massachusetts 02122 (617) 288-6868
	Setting:	Urban
	Affiliation:	Boston Public Schools
	Handicaps Served:	Bilingual (Spanish) learning disabilities
	Level:	Elementary
Montana CSDC	Name:	Project GOLD
	Location:	Department of Special Educati Billings Public Schools 101 10th Street Billings, Montana 59102 (406) 248-7421
	Setting:	Suburban
	Affiliation:	Billings Public Schools
	Handicaps Served:	Learning disabilities
	Level:	K-6

Reno, Nevada HCMP	Name:	Social Effectiveness Training: Survival Skills for Socially Handicapped Children
	Location:	Children's Behavioral Services 2655 Valley Road Reno, Nevada 89512 (702) 784-4711
	Setting:	Urban
	Affiliation:	Washoe County Mental Health Agency
	Handicaps Served:	Emotionally disturbed
	Level:	K-6
New Mexico HCMP	Name:	New Mexico Demonstration Program for Parents
	Location:	Parent Center 1700 Pennsylvania Avenue Albuquerque, N.M. 87131 (505) 292-0102
	Setting:	Urban/suburban/rural
	Affiliation:	University of New Mexico/ Albuquerque Public Schools
	Handicaps Served:	All handicaps
	Level:	Parents of children in grades K-12
Columbus, Ohio HCMP	Name:	Transitional Services to Severely and Profoundly Handicapped Children
	Location:	Ohio State University Research Foundation Nisonger Center for MR/DD 1580 Cannon Drive Columbus, Ohio 43210 (614) 422-9670
	Setting:	Urban/suburban
	Affiliation:	Ohio State University
	Handicaps Served:	Severely and profoundly retarded
	Level:	Elementary through post-secondary
West Chester, Pennsylvania CSDC	Name:	Project APPLE
	Location:	Educational Development Center 811 Roslyn Avenue West Chester, PA 19380 (215) 436-2517
	Setting:	Urban/suburban
	Affiliation:	West Chester State College
	Handicaps Served:	Learning disabilities
	Level:	Pre-school to first grade

Dallas, Texas HCMP	Name:	Project SEED
	Location:	Dallas Independent School District Student Services 3700 Ross Avenue Dallas, Texas 75204 (214) 824-1620 X455
	Setting:	Urban/suburban
	Affiliation:	Dallas Independent School District
	Handicaps Served:	Emotionally disturbed
	Level:	K-12
Houston, Texas CSDC	Name:	The Synergistic Classroom: A Model Demonstration Center for Secondary Learning Disabled Students
	Location:	Farish Hall - Room 152 Univeristy of Houston Houston, Texas 77004 (713) 749-1620
	Setting:	Urban
	Affiliation:	University of Houston/Spring Branch Independent School District
	Handicaps Served:	Learning disabilities
	Level:	Secondary
Spring, Texas HCMP	Name:	Project KEYE
	Location:	Klein Independent School District Resource Services Department 7200 Spring - Cypress Road Spring, Texas 77379 (713) 376-4101 X270
	Setting:	Suburban
	Affiliation:	Klein Independent School District
	Handicaps Served:	All
	Level:	Secondary